



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7666

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/716,653	11/19/2003 RULE	372	2828	5000-1-475

**APPLICANTS**

Byung-Kwon Kang, Suwon-shi, KOREA, REPUBLIC OF;  
 Shi-Yun Cho, Seoul, KOREA, REPUBLIC OF;  
 In Kim, Suwon-shi, KOREA, REPUBLIC OF;  
 Do-Young Rhee, Seoul, KOREA, REPUBLIC OF;  
 Tae-Il Kim, Suwon-shi, KOREA, REPUBLIC OF;  
 Dong-Hoon Jang, Suwon-shi, KOREA, REPUBLIC OF;  
 Seung-Won Lee, Suwon-shi, KOREA, REPUBLIC OF;  
 Duk-Ho Jeon, Anyang-shi, KOREA, REPUBLIC OF;  
 June-Hyeon Ahn, Suwon-shi, KOREA, REPUBLIC OF;  
 Young-Min Lee, Yongin-shi, KOREA, REPUBLIC OF;  
 Jong-Ryeol Kim, Suwon-shi, KOREA, REPUBLIC OF;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

REPUBLIC OF KOREA 2003-46204 07/08/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 03/01/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 9	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
--	--	--	---------------------	--------------------	-------------------------

**ADDRESS**

33942

**TITLE**

Semiconductor monolithic integrated optical transmitter

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit